

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
LINA YANNI,

Plaintiff,

-against-

THE UNITED STATES DEPARTMENT OF THE
TREASURY INTERNAL REVENUE SERVICE,

Defendant.
-----X

AFFIDAVIT OF SERVICE
BY CERTIFIED MAIL -
RETURN RECEIPT REQUESTED

Case No. 07 CIV 11097

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)ss.:

The undersigned, being duly sworn, deposes and says: Deponent is not a party to the action, is over 18 years of age and resides at 617 West 227th Street, Bronx, New York.

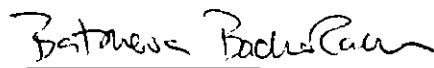
That on April 14, 2008 deponent served the annexed SUMMONS and the COMPLAINT dated December 18, 2007 upon:

MATTHEW SCHWARTZ, ESQ.
United States Attorney's Office
86 Chamber Street, 3rd Floor
New York, New York 10007

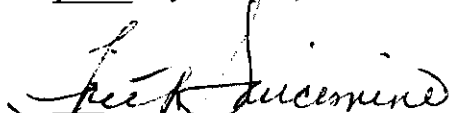
DEPARTMENT OF JUSTICE
Room B-103
950 Pennsylvania Avenue, NW
Washington, D.C. 20530-0001

the address designated by said attorney(s) or party for that purpose, or the last known address for said attorney(s) and/or party, by depositing a true copy of same enclosed in a properly addressed envelope postpaid, designated "certified mail – return receipt requested", in an official depository under the exclusive care and custody of the United States Postal Service within the State of New York. Annexed hereto are the receipts for each certified mailing stamped by the Post Office on the date of mailing and the green return receipt cards.

None of the envelopes have been returned as undeliverable.


Batsheva Bacharach

Sworn to before me this
15 day of April, 2008


Notary Public

FAITH SANCINNO
NOTARY PUBLIC, STATE OF NEW YORK
NO. 4900677
QUALIFIED IN WESTCHESTER COUNTY
TERM EXPIRES FEBRUARY 22, 2012

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Postage	\$ 1.48	0146
Certified Fee	\$2.65	02
Return Receipt Fee (Endorsement Required)	\$2.15	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.28	

Sent To **Matthew Schwartz, Esq.**
US Attorney's Office

Street, Apt. No.,
or PO Box No. **86 Chambers St., 3rd Fl.**

City, State, ZIP+4
New York, NY 10007

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X T Ford <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Matthew Schwartz, Esq. United States Attorney's Office 86 Chambers St., 3rd Fl. New York, N.Y. 10007</p>		<p>B. Received by (Printed Name) T Ford C. Date of Delivery 4-17-08</p>	
<p>2. Article Number (Transfer from service label) 7006 0100 0005 0837 6456</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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OFFICIAL USE

Postage	\$ 1.48	0146
Certified Fee	\$2.65	02
Return Receipt Fee (Endorsement Required)	\$2.15	PHOTOGRAPH Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	APR 14 2008
Total Postage & Fees	\$ 6.28	APR 14 2008

Sent To: Department of Justice
 Room B-103
 Street, Apt. No.,
 or PO Box No. 950 Pennsylvania Ave., NW
 City, State, ZIP+4 Washington, DC 20530-0001

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Samuel J. Parkin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>APR 21 2008</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Department of Justice Room B-103 950 Pennsylvania Ave., NW Washington, DC 20530-0001</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7006 0100 0004 8555 5363</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>